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ABSTRACT

Adult children are the primary family supports to the frail elderly, and daughters predominate as providers of direct services. The trend toward smaller families and the increased proportion of working women, however, may limit the availability of daughters. Adult children (N=131) identified as the primary caregiving relative to an older parent were interviewed to determine how sons, as compared to daughters, differentially performed and experienced the caregiving role. Results indicated that caregiving was primarily the role of daughters and daughters-in-law. Sons became primary caregivers when a daughter was not available. As caregivers, sons encountered the same situations as daughters in terms of their parent's needs. On gross indicators of involvement with parents (living arrangements, telephone calls, visiting), the patterns evidenced among sons were similar to those of daughters. Findings on specific caregiving activities indicated that, with the exception of health care, daughters were significantly more likely to help their parents with all "hands-on" services (transportation, housework, cooking, personal care). Sons tended to provide less extensive support to parents as compared to daughters and to have less stressful caregiving experiences. The findings imply that elderly parents who can only depend on sons are, to a certain extent, at a disadvantage. (NRB)

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# SONS AND DAUGHTERS AS CAREGIVERS TO OLDER PARENTS: DIFFERENCES IN ROLE PERFORMANCE AND CONSEQUENCES*

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## Introduction

Research on families and older adults has consistently documented that families are the predominant service and health care providers to the impaired elderly (Bild and Havighurst, 1976; Brody, 1966; Cantor, 1975, 1980; Hill, 1965; Leichter and Mitchell, 1967; Rosnow, 1967; Shanas et al, 1968; Shanas, 1979(a), 1979(b), 1980; Sussman, 1965; Townsend, 1965). Moreover, data from the 1975 national survey of noninstitutionalized aged confirm that the primary caregivers in times of need are a spouse, if there is one, and, more often, an adult child where there is not. Given the incidence of widowhood in old age, adult children clearly emerge as the primary family supports to the frail elderly.

However, to say 'adult children' is usually to mean adult daughters. Every study of family relationships in old age has documented the bias toward the female-linked kinship network. This has been found true of every dimension of parent-child relationships. Older women are more likely than older men to move in with children when they find it difficult to live alone, and these children tend to be daughters rather than sons (Troll, 1971). There is some evidence to suggest that daughters are perceived to be, as well as perceive themselves, as emotionally closer to their parents than are sons (Adams, 1968; Jackson, 1971, 1972; Johnson and Burak, 1977). When the needs of an elder parent grow, the sex of the adult child

proves to be one of the most important and consistent predictors of caregiving involvement. Daughters predominate as providers of direct services (Brody, 1980; Troll, 1971, 1979). Sons, on the other hand, are found to play a more substantial role when it comes to decision-making (Levav and Minami, 1974) or when financial assistance is needed (Nye, 1976).

The fact that daughters have dominated as primary caregivers has been attributed to one: their traditional assumption of nurturing tasks; two, their stronger emotional tie, compared to males, between them and their family of orientation; and three, the fact that they have more available time to spare in their role as homemakers than do their male counterparts in their occupational roles.

However, two major demographic trends now intervene and promise to limit the future availability of daughters to serve as primary caregivers to their older parents. The first is the trend towards smaller families. With the exception of the post-World War II baby boom, women have had far fewer children than in the past. The 1975 average family size of 3.4 is projected to continue to drop to 3.1 by 1990 (Callahan et al, 1980). This will not only effectively limit the overall pool of children available to help older parents, but reduce the probability that the available offspring in a one- or two-child family will be female.

The second trend concerns the increase in the proportion of women in the labor market. At the present time, 51% of all women of

working age (18-65) are employed, while this is true of 60% of women between the ages of 45-54 (Brody, 1980). This latter group of women are in the same age bracket where one can expect the needs of their older parents to sharply increase. While evidence indicates that working women do not abandon caregiving responsibilities (Brody, 1980; Horowitz, 1980), their employment status may necessitate different patterns of caregiving in the future as well as more shared responsibility among male as well as female siblings. In fact, Callahan et al (1980) note that the slight downward trend in the proportion of men working may free more men for home care tasks. When the choice is between a working daughter and a non-working son, it is the son in the future who may be asked to take on more direct responsibility for the care of an aging parent.

Given these trends, it becomes important to understand how sons now function as caregivers to older parents in order to anticipate future directions in family care. Yet, most research to date has been conducted with small and primarily female samples. As a result, what is known about caregiving largely translates into what is known about female caregivers.

The purpose of this paper is to present some of the preliminary findings from a study of 131 adult children identified as the primary caregiving relative to an older parent and to examine how sons, as compared to daughters, differentially perform and experience the

caregiving role. Three major questions will be addressed: (1) under what conditions do adult sons take on primary responsibility for the care of an older impaired parent? (2) having taken on the primary caregiving role, do sons and daughters differ in the type and extent of assistance provided? and (3) do they differ in their respective perceptions of the social and emotional consequences of caregiving?

## Research Strategy

The research reported in this paper is drawn from a larger study of family caregiving entitled The Role of Families in Providing Long-Term Care to the Frail Elderly Living in the Community. The total study sample consisted of 203 individuals identified as the primary caregiving relative to an older person who was currently receiving home or day care services in New York City. Sixty-five percent, or 131, of these relatives were adult children, 76% (n = 99) of whom were female and 24% (n = 32) male.

One of the first differences to emerge between sons and daughters was their significantly different rate of response. Overall, 72% of all adult children who were identified as the primary caregiver (n = 182) agreed to participate in the study. This, however, represented 78% of all adult daughters but only 58% of adult sons ($x^2 = 7.44$ $p < .01$). The fact that sons were more likely to refuse an interview is not surprising given that men are generally less likely to voluntarily

participate in survey research. It does, however, indicate that sons tend to be under-represented in caregiving research relative to their incidence of being identified as primary caregiver to an aging parent.

In-depth, structured interviews were conducted with the study respondents. The interview took approximately 1-1/2 to 2 hours to complete and covered various aspects of the caregiving experience. The two major areas of exploration was the extent of caregiving involvement and caregiving consequences.

In order to tap the extent of support provided, respondents were asked a series of questions concerning their involvement with their parent. Information was collected regarding residential proximity, frequency of telephone and face-to-face contact ( 6 = daily; 0 = less than once a month) and the extent to which assistance was provided in the following areas: transportation, household help, shopping, meal preparation, personal care, health care, financial management, linkage with formal services (each scored from 0 = no help to 4 = daily help), emotional support and financial assistance (1 = yes, 0 = no). These items were analyzed separately as well as used collectively to create a scale measuring the overall extent of caregiving involvement by the adult child. The scale scores ranged from 3 to 46, with a mean of 23.7. The alpha coefficient, a measure of the scale's internal consistency, is .82.

In order to document the social, emotional, economic, and familial consequences of assuming the primary caregiving role, respondents were asked to describe the major problems they have faced (one point given, to a maximum of 3, for each discrete problem); the positive aspects of care (score 1, if says 'nothing is positive'); whether there was anything they were no longer able to do because of caregiving duties (one point given to a maximum of 3 for each discrete activity given up); whether they felt responsibilities to other family members were being neglected (1 = yes; 0 = no); and the extent to which they believed caregiving entailed sacrifices (0 = none; 3 = major). Furthermore, respondents were asked whether providing care resulted in change - for the better or for the worse - in 17 specified areas of their personal and family life (one point for each area negatively affected), including work performance, recreation, their own physical and emotional health, finances, relations with other family members, plans for the future as well as feelings towards their own aging. These items were used to develop a scale measuring caregiving consequences. The scale scores ranged from 0 to 24 with a mean of 9.8. The alpha coefficient was .88.

In addition to these two major dependent variables, detailed information was collected regarding the parent's functional ability, the degree to which other family members were involved in caregiving, the attitudes of the respondent's spouse towards caregiving, and the

extent to which formal services were utilized by the older parent. Findings concerning the major differences, as well as similarities, between sons and daughters will be highlighted.

## Findings

### Sample Characteristics

With daughters comprising more than three-quarters (76%) of the sample, the study data provide further evidence that caregiving is still a predominantly female role. (Even considering the differential response rate, 70% of all adult children originally identified as primary caregivers were female.) More often than not, it is by default that sons find themselves in the role of primary caregiver to an older parent. Of the 32 sons interviewed, 44% were only children; 31% had no female siblings; and 13% had a sister separated geographically from the parent. Overall, then, in 88% of the cases where the male offspring took primary responsibility, there was simply no female alternative.

No significant differences emerged between the adult sons and daughters on most of the major sociodemographic characteristics (see Table 1). The ages of the children ranged from 26 to 69 years-old with an average age of 51 for both sons and dauthters. As the range in age would indicate, there was also variation in self-reported health conditions. Almost 40% report

that their health is either fair or poor, while 60% rate it as good or excellent. The majority of the sample are white (60%), 21% are black, and 18% Hispanic. There is a trend (although not statistically significant) for men to be slightly over represented among blacks and under represented among Hispanics. More than half (57%) of the adult children are currently married and living with their spouse. Forty-three percent still have at least one child still living at home. Family income ranged from under $3,000 per year to over $30,000.

Not surprisingly, significant differences were found between sons and daughters in educational attainment and employment status. Forty-one percent of the men as compared to 17% of the women had college or graduate degrees. Over 80% of both sexes, however, were high school graduates. Men were more likely to work both full-time (75%) as well as part-time (13%). It should be noted, however, that slightly more than half of the caregiving daughters (53%) continue to work at full-time jobs while another 9% work part-time.

Characteristics of the Older Parent

The older parent in need of care was most often a mother (85%); widowed (80%); over 75 years of age (73%); born outside the United States (60%); and at least moderately impaired in ADL functioning (see Table 2). When the demographic and health

characteristics of the parent were analyzed by the sex of the adult child, no significant differences were found. Sons were no more or less likely to care for fathers as opposed to mothers, to care for older parents or to care for those more or less severely disabled, than were daughters. Overall, it appears that sons step into the role of primary caregiver when a daughter is not available. When they do, sons encounter the same situations daughters do in terms of their parent's needs.

Caregiving Involvement

Given that the needs of the parents are generally the same, is there evidence that sons and daughters respond to these needs in similar ways?

Before addressing that question directly, it needs to be noted that the sample, in general, is extensively involved in providing assistance to their older impaired parents. More than one-fourth (27%) are providing care within a shared household. While the majority (73%) do maintain separate households, almost one-fourth of this group lived no more than ten blocks away; 60% were within a half-hour travel time from their parents and almost all (91%) could reach their parent's home within an hour. The majority of adult children report extensive telephone contact and frequent face-to-face interaction. Of those living separately, two-thirds are in touch with their parents daily by telephone,

95% talk to them at least twice a week, and 69% see their parent a minimum of once a week (see Table 3).

Up to this point, very few differences between the adult sons and daughters are evident. Sons are just as likely as daughters to share their household with an older parent. When they live separately, however, daughters are significantly more likely to live nearby, with 31% living in the same neighborhood compared to 4% of the sons. Although they live further from their parents, sons do not differ significantly from daughters in the frequency of their telephone and face-to-face interaction. Thus, on these gross indicators of involvement, the patterns evidenced among sons are similar to those of daughters.

However, when it comes to specific types of caregiving activities, sons and daughters are more likely to diverge in their caregiving commitment. To attain more detailed information about caregiving activities, respondents were asked whether (and if so, how often) they helped their parent in the 10 task areas listed earlier (see Table 4).

The findings indicate that, with the exception of health care, daughters are significantly more likely to help their parents with all services calling for "hands-on" assistance. More than three-quarters of the daughters (78%), compared to half of the sons, provide transportation or escort services; 61% help with household chores, compared to 34% of the sons who do so; 60%

of the daughters prepare meals for their parents while less than 20% of the sons help in this way; and 36% of the female offspring provide personal care (e.g. help with grooming, dressing, feeding) compared to 12% of the sons. On the other hand, when the task is less gender specific, or tends to be male-oriented, as is the case with financial management financial assistance and dealing with bureaucratic organizations sons do not significantly differ from daughters in the ratio involved. Half of all the children provide some degree of financial aid to their parents; two-thirds (67%) help by managing finances, and almost three-fourths (74%) help their parents negotiate the formal service sector.

Finally, it is interesting to note that fulfilling the family's affective function emerged as the most common caregiving role, with 91% of the sons and 92% of the daughters reporting that they provide their parents with emotional support (defined as giving advice or just talking to the parent when s(he) is upset or depressed). It appears that the universality of this particular caregiving activity in support of an older parent places it beyond the influence of stereotypical sex-role behavior.

As could be expected from the previous findings, scores on the caregiving involvement scale, which take into account not only the type but the extent of help given, indicated that sons devoted considerably less of their time to the care of their older parents

than did daughters (see Table 5). Thus, even when sons do take on the role of primary caregiver, they tend to have a more limited time and task commitment to their parent than do daughters, and these limits are most often drawn in the areas of concrete assistance.

If sons are less involved personally, do other informal as well as formal providers play larger roles in the care of the aging parent? For the most part this did not prove to be the case. Other providers did not step in to fill the gap. There was no significant difference between sons and daughters on the measure of family involvement which tapped the degree to which other relatives shared responsibility by providing help directly to the older parent. Nor were there differences between the sexes in the extent to which formal services were utilized by their older parents (see Table 5).

Where sons did differ from daughters was in the degree to which they involved and depended upon their spouse. Not unexpectedly, men were significantly more likely to have their wives directly involved in providing care to their parent than were the adult daughters to have their husbands involved. This was true for more than three-fourths of the married sons (77%) as compared to the slightly less than half (49%) of the married daughters ($x^2 = 3.97$; $p < .05$).

Furthermore, sons also perceived their spouses to have more supportive attitudes towards their caregiving activities (see Table 5). Often, a woman would voice appreciation that her husband stayed neutral toward her involvement with her parent; whereas men would expect and depend upon both emotional and concrete support from their wives. Caregiving, as a primarily female role, clearly extends to daughters-in-law as well as to daughters.

Caregiving Consequences

The quantitative as well as qualitative data collected from the adult children give ample testimony to the pressures inherent in meeting the needs of an elderly parent in declining health. Overall, the emotional strains emerge as the most pervasive, with restrictions on time and freedom being the second most prevalent complaint of adult children. Familial relationships can also become strained. However, relations with spouse and children were less likely to be negatively affected than those with siblings. The financial strains were clearly the least difficult for the adult children to deal with, expecially when compared to the social and emotional aspects of care.

While a detailed description of responses to the specific items used for the caregiving consequence measure goes beyond the boundaries of this paper, it is appropriate to briefly mention where males and females significantly differed.

To begin with, when asked what were the problems faced, in providing care, sons were significantly more likely to spontaneously respond "no problems" (34%) than were daughters (11%) ($x^2 = 7.6$; $p < .01$). They were also less likely to believe they had to give up anything because of caregiving responsibilities (32% as compared to 60% of the daughters, $x^2 = 6.03$; $p < .05$), or to believe they neglected other family responsibilities (9% of the sons compared to 31% of the daughters $x^2 = 4.7$; $p < .05$). Sons less often thought that the time they had for leisure activities had been negatively affected (22% compared to 56%, $x^2 = 11.2$; $p < .01$); that their emotional state had changed for the worse (31% compared to 59% of the daughters, $x^2 = 7.5$; $p < .05$); or that their plans for the future had been negatively affected (16% compared to 43%, $x^2 = 8.8$; $p < .01$). In other areas, such as impact on work performance, finances, feelings about self and growing old, and relationships with the parent, spouse, siblings and children, sons' perceptions did not differ significantly from daughters'.

Looking at the 29-item caregiving consequences scale by sex of the adult child, it is clear that overall, sons experience caregiving as substantially less stressful than do daughters (see Table 5). The possibility that men feel less stress because they do less for their parents was considered, especially since negative consequences are strongly associated with the extent

of involvement ($r = .48$; $p < .001$). However, this does not appear to be the case. The relationship between sex and the perception of the caregiving experience persisted even when the extent of involvement was taken into consideration.[1] Therefore, the experience of caregiving for an older parent remains one of considerably greater strain for an adult daughter than for an adult son, and this is not merely a function of the fact that she does more for her parent than does her male counterpart.

Summary and Discussion

In sum, the purpose of this paper has been to present some of the preliminary findings regarding gender differences within a sample of 131 adult children who have been identified as the primary caregiver to an older frail parent. The findings indicate that caregiving continues to be primarily the role of daughters and daughters-in-law. Sons tend to take on the role as primary caregiver only in the absence of an available female sibling. When they do emerge as caregivers, sons tend to provide less extensive support to their older parent as compared to adult daughters and to have less stressful caregiving experiences. This is not to say that sons are neglectful

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(1) With sex coded as 1 = female and 0 = male, the partial correlation coefficient between sex and caregiving consequences, after the influence of caregiving involvement was considered, was .22 df = 128, $p < .01$.

of their filial responsibilities. They are as likely as daughters to have a parent living with them, as well as to talk and visit frequently when they live separately. Sons provide emotional support, financial aid, and linkage services in the same proportion as do daughters. They are, however, less likely to help with instrumental, hands-on services.

Given the trends mentioned earlier which point to the declining availability of daughters as primary caregivers, what then are the implications for the future of family care for the elderly?

The first implication is that elderly parents who can only depend upon sons are, to a certain extent, at a disadvantage. They must do without that extra instrumental assistance which daughters provide. Since males have not been found to help more in their own households when their wives work (Treas, 1977), there is no reason to expect them to change their behavior towards their parents in the near future. As Brody (1980) notes, this does not imply a lack of family feeling among sons, but the cultural definition of gender-appropriate behavior. Therefore, to the degree that the parent needs help with tasks such as household chores, cooking, and personal care in order to maintain him/herself in the community, to that degree are the parents of sons a population at greater risk. Formal social services will be increasingly needed to reduce this risk by providing the instrumental services necessary to support the aged individual in his/her home, while allowing the adult child to continue providing the affective support.

The second implication is that female caregivers to the frail elderly will continue to experience especially high stress as a result of their caregiving activities. As daughters, they provide the rull range of services needed by their parents. Many do so concurrent with having career responsibilities as well as primary responsibility for homemaking and child-rearing. Furthermore, they are more likely than sons to engage in caregiving without the concrete or emotional support of their spouse. Added to their responsibilities as daughters, they will continue to be called upon as daughters-in-law to provide the assistance needed by their husbands' parents. Their greater vulnerability to strain, which has been documented in this study as well as elsewhere (Cicirelli, 1980), will place the female caregiver at greater risk of premature "burn-out" unless respite is more readily available. Again, the future calls for a stronger partnership between the formal and family networks in order to meet the needs of the aged population.

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Table 1

Distribution of Major Demographic Characteristics
by Gender of the Adult Child

| | Male | Female | Total | |
|---|---|---|---|---|
| **Age** | | | | |
| Less than 45 years old | 21.9 | 26.3 | 25.2 | |
| 45-64 years old | 68.8 | 65.7 | 66.4 | |
| 65+ | 9.4 | 8.1 | 8.4 | |
| (n) | (32) | (99) | (131) | $x^2 = .27$ |
| $\bar{x}$ age | 51.2 | 50.7 | 50.8 | |
| **Race** | | | | |
| White | 63.3 | 60.2 | 60.9 | |
| Black | 30.0 | 18.4 | 21.1 | |
| Hispanic | 6.7 | 21.4 | 18.0 | |
| (n) | (30) | (98) | (128) | $x^2 = 4.3$ |
| **Marital Status** | | | | |
| Never Married | 6.3 | 13.1 | 11.5 | |
| Married | 68.8 | 53.5 | 57.3 | |
| Widowed | 6.3 | 12.1 | 10.3 | |
| Divorced/Separated | 18.8 | 21.1 | 20.6 | |
| (n) | (32) | (99) | (131) | $x^2 = 2.83$ |
| **Religion** | | | | |
| Jewish | 43.8 | 40.2 | 41.1 | |
| Catholic | 31.3 | 35.1 | 34.1 | |
| Protestant | 6.3 | 17.5 | 14.7 | |
| Other/None | 18.7 | 7.2 | 10.1 | |
| (n) | (32) | (97) | (129) | $x^2 = 6.8$ |
| **Birthplace** | | | | |
| U S A | 84.4 | 82.7 | 83.1 | |
| Puerto Rico | 6.3 | 15.3 | 13.1 | |
| Other | 9.4 | 2.0 | 3.8 | |
| (n) | (32) | (98) | (130) | $x^2 = 4.89$ |

Table 1 (continued)

| | Male | Female | Total | |
|---|---|---|---|---|
| **Living Arrangement** | | | | |
| With parent | 21.9 | 28.3 | 26.7 | |
| Separate household | 78.1 | 71.7 | 73.3 | |
| (n) | (32) | (99) | (131) | |
| | | | | $x^2 = .23$ |
| **Employment Status** | | | | |
| Full-time | 75.0 | 52.5 | 58.0 | |
| Part-time | 12.5 | 8.1 | 9.2 | |
| Not working[(a)] | 12.5 | 39.4 | 32.8 | |
| (n) | (32) | (99) | (131) | |
| | | | | $x^2 = 7.95*$ |
| **Education** | | | | |
| College or graduate degree | 40.6 | 17.2 | 22.9 | |
| High school | 40.6 | 63.6 | 58.0 | |
| Less than high school | 18.8 | 19.2 | 19.1 | |
| (n) | (32) | (99) | (131) | |
| | | | | $x^2 = 8.02*$ |
| **Income** | | | | |
| Less than $15,000 | 30.0 | 52.7 | 47.1 | |
| $15,000 to $24,999 | 26.7 | 20.4 | 22.0 | |
| $25,000+ | 43.3 | 26.9 | 30.9 | |
| (n) | (30) | (93) | (123) | |
| | | | | $x^2 = 4.87$ |
| **Social Class[(b)]** | | | | |
| I + II | 45.2 | 30.1 | 33.9 | |
| III | 32.3 | 47.3 | 43.5 | |
| IV + V | 22.6 | 22.6 | 22.6 | |
| | (31) | (93) | (124) | |
| | | | | $x^2 = 2.77$ |

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* $p < .05$

(a) Includes: retired, unemployed, housewife, and student.

(b) Hollingshead 2-factor index of social position based on education + occupation weighted ratings: I = upper class; IV = lower class. For married respondents, score is based on spouse with lowest score.

Table 1 (continued)

| | Male | Female | Total | |
|---|---|---|---|---|
| Self-Perceived Health Rating | | | | |
| Excellent | 21.9 | 27.3 | 26.0 | |
| Good | 37.5 | 33.3 | 34.4 | |
| Fair | 25.0 | 27.3 | 26.7 | |
| Poor | 15.6 | 12.1 | 13.0 | |
| (n) | (32) | (99) | (131) | $x^2 = .67$ |

Table 2

Selected Demographic Characteristics of the Older Parent by Sex of the Adult Child

| | Male | Female | Total Sample | |
|---|---|---|---|---|
| **Age** | | | | |
| 65-74 | 28.1 | 27.3 | 27.5 | |
| 75-84 | 46.9 | 47.5 | 47.3 | |
| 85+ | 25.0 | 25.3 | 25.2 | |
| (n) | (32) | (99) | (131) | |
| $\bar{x}$ age | 79.0 | 79.1 | 79.0 | $x^2 = .01$ |
| **Sex** | | | | |
| Male | 15.6 | 14.1 | 14.5 | |
| Female | 84.4 | 85.9 | 85.5 | |
| (n) | | | | $x^2 = .04$ |
| **Marital Status** | | | | |
| Never Married | 3.1 | .0 | .8 | |
| Married | 3.1 | 4.1 | 3.8 | |
| Widowed | 87.5 | 77.6 | 80.0 | |
| Divorced/Separated | 6.3 | 18.4 | 15.4 | |
| (n) | (32) | (98) | (130) | $x^2 = 5.7$ |
| **Birthplace** | | | | |
| U.S.A. | 50.0 | 37.4 | 40.5 | |
| Puerto Rico | 6.3 | 20.2 | 16.8 | |
| Eastern Europe | 31.3 | 26.3 | 27.5 | |
| Other | 12.5 | 16.2 | 15.3 | |
| (n) | (32) | (99) | (131) | $x^2 = 4.19$ |
| **ADL Scale Score**[(a)] | | | | |
| $\bar{x}$ | 12.8 | 14.9 | 14.4 | $t = -1.42$ |
| (n) | (32) | (99) | (131) | |
| **Memory Scale Score**[(b)] | | | | |
| $\bar{x}$ | 2.4 | 3.7 | 3.4 | $t = -1.85$ |
| (n) | (32) | (99) | (131) | |

*$p < .05$

(a) The ADL measure used in this study is a modification of the scale included in the OARS Multidimensional Functional Assessment Questionnaire. Respondents were asked whether their parent could accomplish each of 15 tasks: with no difficulty (0); with some difficulty, but without assistance (1); or whether they were unable to do it at all without help (2). The tasks include: use telephone; shop for groceries; get

(a) to places outside of walking distance; prepare meals; do light housework; take medication; handle money; feed him/herself; dress and undress; care for own appearance; get around his/her house; get up and down stairs; bathe and shower him/herself; bowel and bladder control; cut own toenails. The scores range from 0 to 30. The alpha for the scale is .91.

(b) A 12-item memory scale was used for this measure. Eleven items tapped the parent's difficulty remembering specific items including: his/her name; names of family and close friends; things just read and heard; to lock the door or turn off the stove; his/her address; where s(he) put things; his/her age; the year s(he) was born; the day of the week; the year and the President's name. Each item was scored either (0) for no difficulty or (1) has difficulty. The twelfth item was the adult child's global rating of the parent's current memory functioning scored from normal (0) to extreme loss (4). Scale scores ranged from 0 to 13. The reliability coefficient is .88.

Table 3

Distribution on Items Tapping Involvement and Interaction with the Parent by Sex of the Adult Child (Those Living in Separate Households Only)

| Item | | Male | Female | Total | |
|---|---|---|---|---|---|
| Where adult child lives in relation to parent: | | | | | |
| Same neighborhood | | 4.0 | 31.0 | 24.0 | |
| Same borough | | 20.0 | 22.5 | 21.9 | |
| Another borough (within NYC) | | 44.0 | 28.2 | 32.3 | |
| Outside of NYC | | 32.0 | 18.3 | 21.9 | |
| | Total | 100.0 | 100.0 | 100.0 | |
| | (n) | (25) | (71) | (96) | |
| | | | | | $x^2 = 8.69$* |
| How often talks to parent on the telephone: | | | | | |
| 1X a day | | 56.0 | 71.4 | 67.4 | |
| 2-6X per week | | 36.0 | 24.3 | 27.4 | |
| 1X per week | | 4.0 | 2.9 | 3.0 | |
| Every 2 weeks or less | | 4.0 | 1.4 | 2.1 | |
| | Total | 100.0 | 100.0 | 100.0 | |
| | (n) | (25) | (70) | (95) | |
| | | | | | $x^2 = 2.23$ |
| How often sees or visits parent: | | | | | |
| 1X a day | | 8.0 | 16.9 | 14.6 | |
| 2-6X per week | | 24.0 | 26.7 | 26.0 | |
| 1X a week | | 24.0 | 29.6 | 28.1 | |
| every 2 weeks or less | | 44.0 | 26.8 | 31.2 | |
| | (n) | (25) | (71) | (96) | |
| | | | | | $x^2 = 3.02$ |

*p < .05

Table 4

Cross-Tabulations of Help Given in Service Areas by Sex of Adult Child

| Service Area | Sex: Male (32) | Sex: Female (99) | Total (131) |
|---|---|---|---|
| Escort/Transportation | | | |
| Helps | 50.0 | 77.8 | 71.0 |
| Does not help | 50.0 | 22.2 | 29.0 |
| $x^2$=7.8** | | | |
| Household Chores | | | |
| Helps | 34.4 | 60.6 | 54.2 |
| Does not help | 65.6 | 39.4 | 45.8 |
| $x^2$=5.7* | | | |
| Meal Preparation | | | |
| Helps | 18.8 | 59.6 | 50.4 |
| Does not help | 81.2 | 40.4 | 49.6 |
| $x^2$=14.6*** | | | |
| Errands/Shopping | | | |
| Helps | 71.9 | 88.9 | 84.7 |
| Does not help | 28.1 | 11.1 | 15.3 |
| $x^2$=4.2* | | | |
| Personal Care | | | |
| Helps | 12.5 | 36.4 | 30.5 |
| Does not help | 87.5 | 63.6 | 69.5 |
| $x^2$=5.4* | | | |
| Health Care | | | |
| Helps | 21.9 | 35.4 | 32.1 |
| Does not help | 78.1 | 64.6 | 67.9 |
| $x^2$=1.4 | | | |
| Financial Management | | | |
| Helps | 59.4 | 69.7 | 67.2 |
| Does not help | 40.6 | 30.3 | 32.8 |
| $x^2$=.75 | | | |
| Linkage | | | |
| Helps | 65.6 | 76.8 | 74.0 |
| Does not help | 34.4 | 23.2 | 26.0 |
| $x^2$=1.0 | | | |
| Financial Support | | | |
| Helps | 43.8 | 52.5 | 50.4 |
| Does not help | 56.2 | 47.5 | 49.6 |
| $x^2$=.43 | | | |
| Emotional Support | | | |
| Helps | 90.6 | 91.9 | 91.6 |
| Does not help | 9.4 | 8.1 | 8.4 |
| $x^2$=.0 | | | |

*$p < .05$ **$p < .01$ ***$p < .001$

Table 5

Major Study Variables by Sex of Adult Child
Means and T-Tests

| | Caregiving Involvement | Caregiving Consequences | Family Involvement[a] | Spouse Support[b] | Children's Support[c] | In-Home Svce Utilization[d] | Community-Based Service Utilization[d] |
|---|---|---|---|---|---|---|---|
| Male | 19.6 | 6.4 | 11.0 | 6.9 | 5.2 | 3.7 | 3.5 |
| Female | 25.0 | 11.0 | 10.5 | 5.8 | 5.5 | 3.6 | 4.4 |
| Total | 23.7 | 9.8 | 10.6 | 6.1 | 5.4 | 3.6 | 4.2 |
| t | - 3.14** | - 3.71*** | .25 | 2.14* | - .48 | .06 | - 1.23 |
| (df) | (129) | (129) | (129) | (73) | (95) | (129) | (129) |

*p < .05 **p < .01 ***p < .001

(a) Family Caregiving Involvement refers to the extent to which other relatives, nuclear and extended, share caregiving responsibilities with the primary child by performing tasks which directly support the older person. Twenty-six items comprise the measure of Family Caregiving Involvement. The first item taps the number of other relatives who help the older parent as reported by the adult child (maximum = 6). Six items then ask for a global rating of the amount of help provided by each relative named. These items are scored: The remaining 19 items focus on the specific services provided. For the same service areas mentioned previously for the measure of Caregiving Involvement, the respondent was asked if any other relative helped in this way and, if so, how often. These items were scored from 0 (no relative mentioned) to 4 (daily help). Respondents were asked this information for a maximum of two additional helping relatives for each of the 10 services (the item tapping help in personal care by relative #2 was deleted due to 0 variance). The scores ranged from 0 to 48. The alpha for this scale is .87.

(b) Spouse Support is a 3-item scale measuring the degree to which the respondent's spouse has a positive attitude toward the respondent's caregiving activities and is positively disposed toward the older parent. The first item asks the respondent to rate his/her spouse's relationship with his/her parent (scored (0) for fair or poor; (1) for good and (2) for excellent); the second item asks for a ranking of the spouse attitude toward the help the respondent provides (scored from 0 = mostly or very unsupportive to 3 = very supportive). The third item uses the response pattern to two separate questions: the first asks whether there is anything spouse does to make it easier to help the parent and the second whether there is anything they do to make it more difficult. The scoring for this item is: (3) helps, doesn't hinder; (2) helps and hinders; (1) neutral, doesn't help or hinder; (0) hinders, doesn't help. The range of scores was 0 to 8. The internal consistency coefficient is .73.

(c) Children's Support repeats the same items as in "Spouse Support" with the respondent's children as the reference. The scale scores ranged from 0 to 8 with an alpha of .71.

(d) Service Utilization. Two indexes were constructed to measure the extent to which the older parent utilized supportive services available from the formal service network. A total of 13 discrete types of service were presented to the respondents who were asked if their parent currently used each service and, if so, how often. Items were scored from 0 (doesn't use) to 4 (daily use). The In-Home Service Index utilized responses to these services: homemaker, home health aide, visiting nurse, meals-on-wheels, telephone reassurance/friendly visitor. Scores ranged from 0 to 11 (potential maximum=20) with a mean of 3.6 and a standard deviation of 2.4. The Community-Based Service Index was based on utilization of these 8 services: counseling, physical therapy, speech therapy, transportation or escort services, information and referral, low-cost congregate meals, senior center or day center for the elderly, and financial management services. Scores ranged from to 18 (potential maximum =32) with a mean of 4.2 and a standard deviation of 4.4.